

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chr</i>	<i>67614</i>	<i>7/28/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>4/3</i>
FORMALITY REVIEW	<i>Intake</i>	<i>TE 826</i>	<i>09/08/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
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If more than 150 claims or 10 actions  
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